



County of San Diego, Planning & Development Services
**ADMINISTRATIVE CITATION – REQUEST FOR
APPEAL HEARING**
CODE ENFORCEMENT DIVISION

Name (appellant): _____ Citation #: _____

Mailing Address: _____

Telephone Number: _____ Assessor Parcel No. _____

Address of Violation: _____

**ALL PENALTY AMOUNTS MUST ACCOMPANY THIS APPEAL. ALL APPEALS MUST BE FILED
WITHIN TEN (14) BUSINESS DAYS FROM THE ISSUANCE DATE OF THE CITATION. PLEASE
SUPPLY 2 SETS OF DOCUMENTS TO SUPPORT YOUR CLAIM, SUCH AS PHOTOS, DIAGRAMS,
COPIES OF PERMITS, AND TESTIMONY OF WITNESSES.**

Amount Enclosed: \$ _____ Cashier's Check Money Order Cash

REASON(S) FOR APPEAL: _____

You are entitled to have legal representation at the Appeal Hearing. If you will have an attorney present, provide the attorney name and telephone number: No Attorney will be present ☐

OR Attorney name: _____ Telephone number: _____

Number of witnesses to appear at the hearing on your behalf _____.

I declare under penalty of perjury that the foregoing statement and information provided by me is correct.

Signature (Appellant): _____ Date: _____

Appellant will be notified of time, date and location of the hearing by first class mail. Please mail appeal, supporting documentation, and payment to:

**Planning & Development Services
5510 Overland Avenue, Suite 110
San Diego, CA 92123
ATTN: Cashier**

For County Use Only

Date Appeal Received: _____ Received By: _____

Received Via: Mail Personal Delivery Other _____

Accounting Information: Org 5670; Acct 9181; Act 426D02